Fill	in this information	n to identify your case:	1100 13		-	- htoro	 ()//:		ox only as directed in the	nis form and in
De	ebtor 1	John		Bozzelli				_		
		First Name	Middle Name	Last Name				_	no presumption of ab	
	ebtor 2 pouse, if filing)	F:N	AA' LUL AL	1			.	of abuse a	culation to determine if applies will be made un	der Chapter 7
(0	podoc,g,	First Name	Middle Name	Last Name	_			_	st Calculation (Official I	,
Uı	nited States Bankı	ruptcy Court for the:		District of	<u>Pennsylva</u>	<u>nia</u>	-		ans Test does not appl d military service but it	
	ase number known)	24-12136					'	☐ Check if the	nis is an amended filing	1
								CHOOK II II	no lo all'allionada liini	,
<u>Of</u>	ficial Form	122A-1								
Cr	napter 7	Statement	of Your C	Curren [.]	t Mont	hly I	nco	me		12/19
and beca with	case number (if kause of qualifying this form.	nown). If you believe	that you are exemp plete and file <i>Stat</i> e	oted from a p	resumption	of abuse	because	you do not h	any additional pages ave primarily consume 707(b)(2) (Official Fori	er debts or
1.		rital and filing status?								
		Fill out Column A, lines		h Calumna A	and P lines	2 11				
		our spouse is filing w our spouse is NOT fil	-			2-11.				
	_	the same household				column A	and B, lii	nes 2-11.		
	☐ _{Living se}	parately or are legally	separated. Fill out	Column A, li	nes 2-11; do	not fill ou	t Columr	n B. By checkir	ng this box, you declare	
		enalty of perjury that yo are living apart for reas							es or that you and your 07(b)(7)(B).	
va	aried during the 6 i	months, add the incom	e for all 6 months a	and divide the	total by 6. F	ill in the re	esult. Do column	not include ar only. If you hav mn A	ne amount of your mon ny income amount mon ve nothing to report for Column B Debtor 2 or	e than once. For
							2020		non-filing spouse	
2.	Your gross wage deductions).	es, salary, tips, bonus	es, overtime, and c	ommissions	(before all p	ayroll		\$0.00		_
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.					olumn B		\$0.00		_
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							\$0.00		
5.	Net income from or farm	n operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (b	pefore all deductions)		\$0.00						
	Ordinary and ned	cessary operating expe	enses -	\$0.00						
	Net monthly inco	me from a business, p	rofession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from	n rental and other real	property	Dobter 4	Dobtor 2			+		-
٥.		pefore all deductions)	p. opo. cy	Debtor 1 \$0.00	Debtor 2					
	. `	cessary operating expe	enses -	\$0.00	_					
			Γ	\$0.00		Сору				
	Net monthly inco	me from rental or othe	r real property	Ψυ.υυ		here →		\$0.00		
7.	Interest, dividen	ds, and royalties						\$0.00		<u>-</u>

Debtor 1

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	First Name Middle Name	Last Name			_				
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse					
	8. Unemployment compensation	\$0.00		_					
	Do not enter the amount if you contend that the under								
	the Social Security Act. Instead, list it here:	↓							
	For you	\$1,673.00							
	For your spouse	<u> </u>							
	 Pension or retirement income. Do not include benefit under the Social Security Act. Also, exc do not include any compensation, pension, pay United States Government in connection with a disability, or death of a member of the uniformeretired pay paid under chapter 61 of title 10, the that it does not exceed the amount of retired pay entitled if retired under any provision of title 10. Income from all other sources not listed about Do not include any benefits received under the received as a victim of a war crime, a crime and 	cept as stated in the next sentence, annuity, or allowance paid by the a disability, combat-related injury or ed services. If you received any en include that pay only to the extent ay to which you would otherwise be other than chapter 61 of that title. In the services of the source and amount. The services of the source and amount. The services of the source and amount.	<u>\$596.24</u>						
	domestic terrorism; or compensation, pension the United States Government in connection injury or disability, or death of a member of the list other sources on a separate page and put	, pay, annuity, or allowance paid by with a disability, combat-related e uniformed services. If necessary,							
	Total amounts from separate pages, if any.		+	+					
	 Calculate your total current monthly income each column. Then add the total for Column A 		<u>\$596.24</u>	+	Total current monthly income				
Pa	art 2: Determine Whether the Means Test	Applies to You			monany moone				
12.	Calculate your current monthly income for the year	r. Follow these steps:							
	12a. Copy your total current monthly income from I	ine 11		Copy line 11 here →	\$596.24				
	Multiply by 12 (the number of months in a yea		ı	x 12					
	12b. The result is your annual income for this part of								
	125. The result is your armadi moonie for this part	12b.	\$7,154.88						
13.	Calculate the median family income that applies to								
	Fill in the state in which you live.	Pennsylvania							
	Fill in the number of people in your household.	1							
	Fill in the median family income for your state and si To find a list of applicable median income amounts, instructions for this form. This list may also be availa-	go online using the link specified in the	separate	13.	\$66,923.00				
	How do the lines compare?								
	14a. Line 12b is less than or equal to line 13. On	the top of page 1, check box 1, <i>There</i>	is no presumption of al	ouse.					

Go to Part 3 and fill out Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

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First Name Middle Name Last Nam

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ John Bozzelli

Signature of Debtor 1

Date 07/19/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.